DOCUMENT # L33831 CAPITAL MOTORS CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90212 019 ***150.00

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Principal Place	e of Rusiness	Mailing	Address					0 0 1 0 00
2290 NW 21ST	•	_	V 21ST TER	•				
MIAMI FL 33142 MIAMI FL 33142					DO NOT WE	TE IN THIS SPACE		
						Date Incorporated or Qualifed	TE IN THIS SPACE	
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2 Dainainal Di	lane of Business	22 Mai	ling Address			12/05/1989 4. FEI Number		Applied For
	lace of Business	26	ing Address			65-0181086	• —	Vot Applicable
Suite, Apt.	# etc		e, Apt. #, etc.				\$8.75	Additional
22	,, 0.0.	27				5. Certifcate of Status Desired		Required
City & State	e ·		& State			6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip		Country		8. This corporation owes the curr		
24	25	29		30		Personal Property Tax.	☐Yes	No
	9. Name and Address	of Current Registered	d Agent	. 04 1		10. Name and Address of New I	Registered Agent	
EDA/	CA ILIAN			81 1	Name			
	ga, Juan ga, Juan			82 5	Street Addre	ss (P.O. Box Number is Not Accepta	able)	
	S5 NW 1 TERR		• •	83	=		 	
	WI FL 33172			[83]				
HIN AL	WITE GOTTE			84 (City		FL 85 Zij	o Code
44.5	1 / j	- 007 0500 and 607 46	Florido Statuta	the shows a	amod corpo	ration submits this statement for the		ts registered
office or n	egistered agent, or both, in	the State of Florida. So	uch change was aut	thorized by the	e corporation	n's board of directors. I hereby accep	pt the appointment as	registared
agent,' l a	m familiar with, and accept	the obligations of, Sec	tion 607.0505, Florid	da Statutes.				
SIGNATURE								· .
SIGNATORE	Classical hand as adulad popular	paintaged count and title if confi	ashle (NOTE: 6	Pagistared Agent six	noshire required	when reinstation)	DATE	<u> </u>
	Signature, typed or printed name of r		<u> </u>	Registered Agent signal 13.	ignature required	when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	TORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrulal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EQUIRED